

**AUTHORIZATION FOR  
INTERSTATE EXCHANGE  
OF EXAMINATION AND  
LICENSURE INFORMATION**

**Board of Accountancy  
Washington State**



P. O. Box 43123, Olympia, Washington 98504-3123  
(360) 753-2586 - www.cpaboard.wa.gov

**TO BE COMPLETED BY THE APPLICANT** (Please type or print legibly):

**SECTION A: AUTHORIZATION**

This form is required for the application you are filing with this Board. Before your application will be considered for approval, certain information must be verified by the Board of Accountancy where your examination credits and/or certificate and license status were established. Please complete Section A of this form and forward the form to that Board of Accountancy where credits and/or status were established. That Board, in turn, will complete the remainder of this form (Section B-D) and return it to this agency. (You are advised to check with that Board before forwarding this form to determine if there are additional requirements and/or fees charged before such information will be released.)

Last Name	First Name	Middle Name	Maiden Name
Current Mailing Address			Certificate Number (If Applicable)
City	State	Zip Code	Country

( )

Telephone: Where you can be reached during normal business hours

Date of Birth

\*Social Security Number

\* (Why We Ask for Your Social Security Number--You are required to provide your social security number in order to assist in enforcement of child support laws. (Section 7, Chapter 160, Laws of 1998). Your social security number may also be used for identification purposes.)

I hereby request and authorize the \_\_\_\_\_ Board of Accountancy to provide any and all pertinent information requested in this form to the **Washington** State Board of Accountancy to complete an application filed with that agency. I agree that the State Board may confirm the grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants. *Please be advised the Washington State Board of Accountancy is required to comply with the Public Disclosure Act, Chapter 42.17 RCW. This act establishes a strong state mandate in favor of disclosure of public records. As such, the information you submit to the board, including personal information, may ultimately be subject to disclosure as a public record.*

Applicant Signature

Date Signed

**SECTIONS B THROUGH E ARE TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY ONLY**

**SECTION B: VERIFICATION OF EXAMINATION CREDITS**

The following are grades awarded on the Uniform CPA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service and approved unchanged by this Board. (Please use Section (E) of this form to explain if any of the grades were changed; if an exam other than the Uniform CPA Exam was used; or if there is any reason why the grades should not be accepted.) (If separate sheet is attached, please affix official signature and Board Seal.)

(Please list all grades, including failing grades, recorded for applicant)

Date of Examination	Candidate I.D. Number	Auditing	LPR (Business Law)	FARE (Theory)	ARE (Practice)

- 1) Was the applicant ever denied admission to the Exam? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please use Section (E) of this form to explain.
- 2) If the applicant has not completed the CPA Exam, are there any restrictions preventing him/her from sitting in your state?  
(Use Section (E) to explain.) \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3) Subjects with which candidate is credited, if any: \_\_\_\_\_ Audit \_\_\_\_\_ Law \_\_\_\_\_ Theory \_\_\_\_\_ Practice
- 4) Date credits/or grades expire, if any. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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## SECTION C: CERTIFICATE/LICENSURE (PERMIT) STATUS

1. The applicant holds an original/reciprocal (*mark out one*) CPA Certificate number \_\_\_\_\_ dated \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ which is in good standing unless otherwise note in Section (E) of this form.
2. The individual has completed an Ethics Examination. Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_  
Exam prepared and graded by: Board \_\_\_\_\_ AICPA \_\_\_\_\_ Other \_\_\_\_\_  
Score: \_\_\_\_\_ Date: \_\_\_\_\_
3. The applicant holds a license/permit to engage in the practice of public accounting from this board for the period ending \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and is currently in good standing in this State. (Please note any exceptions to the above statements in Section (E) of this form.)
4. If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance or reinstatement:  
License/Permit not required .....  
Pay appropriate fees and/or post bond .....  
Complete acceptable accounting/auditing experience .....  
Complete continuing professional education requirements .....  
  
Other: (please specify) \_\_\_\_\_  
\_\_\_\_\_
5. Has there ever been any disciplinary action instituted against the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in Section E.

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## SECTION D: ADDITIONAL INFORMATION REQUESTED

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## SECTION E: EXCEPTIONS NOTED OR EXPLANATIONS OF INFORMATION PROVIDED (Official Seal and Signature must be affixed to attached sheets if needed to respond to this inquiry)

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The information provided herein is correct to the best of my knowledge.

OFFICIAL  
SEAL

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Board/Agency

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Official Signature

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Title

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Date